

Lakeland Police Department Office of Professional Standards 219 N. Massachusetts Avenue Lakeland, Florida 33801 (863) 834-6900

Lakeland Police Department Citizen Complaint Form

(To Be Completed by Person Registering Complaint) **Complainant Name:** Race/Sex: Date of Birth: City/ST/Zip: Address: **☎** Best Contact Number to Call: **Best Time to Call: Email Address:** Ext: WITNESS INFORMATION Name: Address: Phone#: Address: Phone # Name Name: Address: Phone#: Address: Name Phone # OFFICER/EMPLOYEE INFORMATION Name: Badge/ID# Car# Badge/ID# Car# Name Badge/ID# Name: Car# Name Badge/ID# Car# **INCIDENT DETAILS** Date of Incident: Time of Incident: Police Report# (if known): **Location of Incident: NARRATIVE** (Please Print Synopsis of Complaint) (Continue in shaded area on other side)

NARRATIVE (CONT'D) ****837.06 False official statements.-**-Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083." ____, do hereby swear or affirm, under penalty of perjury, that the allegations made by me in this Complaint Form are, (Print Name) to the best of my knowledge and belief, true and correct. Signature of Complainant (Parent or Guardian if Minor) STATE OF FLORIDA COUNTY OF POLK Sworn to and subscribed before me this _______ day of _______, 20__, by _______. ☐Personally Known to Me ☐ Produced Identification Notary Public My Commission Expires: ____ Law Enforcement Officer (Signature and Badge/Id #) [NOTARY SEAL ABOVE] AUTHORIZATION FOR ADMINSTRATIVE INVESTIGATION (Office of Professional Standards Use Only) **Authorizing Member:** Date Received: ____ (Chief of Police or Designee) ☐ Assign to Office of Professional Standards ☐ Other/See Attached Information ☐ Assign to Supervisor OPS Tracking Number: _ OPS Receiving Member: Date Received: Assigned to: ___ Date Assigned: